

**MULTIPLE DEPENDENT CLAIM
FEES CALCULATION SHEET
(FOR USE WITH FORM PTO-976)**

SERIAL NO.

10/501220

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2					
TOTAL DEP.	13					
TOTAL CLAIMS	15					

	A		B		C	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						